

RUTGERS VEHICLE REGISTRATION

ID#

HOME ADDRESS

STREET		
CITY	STATE	ZIP

OFFICE USE ONLY

Permit No.

Assignment/Expiration Date

VEHICLE 1				VEHICLE 2			
YEAR	MAKE	MODEL	STATE	YEAR	MAKE	MODEL	STATE
VEHICLE OWNER	RELATIONSHIP			VEHICLE OWNER	RELATIONSHIP		
OWNER ADDRESS				OWNER ADDRESS			

- A FEE\$ _____
- B TICKETS\$ _____
- C ADD VEH. _____

TOTAL \$

- VISA MASTERCARD
- CHECK RU EXPRESS
- CASH PAYROLL
- DISCOVER OTHER

ISSUED BY _____ DATE _____

LAST NAME	FIRST NAME	INITIAL
DEPARTMENT/CAMPUS RESIDENCE		CAMPUS
PHONE NUMBER		EMAIL ADDRESS

- FACULTY STAFF TA/GA
- TEMP NON RESIDENT
- COMMUTER OTHER

FACULTY/STAFF: CHECK PAYMENT OPTION BELOW

- PAYROLL DEDUCTION PAYMENT ENCLOSED WAIVE PRE TAX OPTION



DIVISION OF ADMINISTRATION & PUBLIC SAFETY

I CERTIFY THAT THE INFORMATION SHOWN ABOVE IS CORRECT AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS PERTAINING TO TRAFFIC, PARKING AND MOTOR VEHICLE REGISTRATION APPLICABLE AT RUTGERS UNIVERSITY.

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